

Lynster, #1128

Testimony of Karen Lynster, RN
Danbury Nurses' Union Unit #47, AFT Connecticut Local 5047
In Opposition to Raised Bill 1128
An Act Concerning Influenza Immunizations For Health Care Employees
March 20, 2013

Thank you to the Public Health Committee for hearing my testimony:

My name is Karen Lynster, a licensed and practicing Registered Nurse of 15 years working in the hospital Emergency Room Setting. I am in Opposition to Raised Bill 1128 even though I am a proponent of Flu vaccination (I myself elected to receive the Influenza vaccine). I do not believe that this vaccination should be mandatory for ALL health care workers in contact with patients as the mandate is Absolute-- there are always exceptions to be considered, and important ones, to every rule. The mandatory status can negatively impact those health care workers who CANNOT receive the vaccine for Medical reasons and those who by virtue of their beliefs elect not to.

Presently, the vaccine is NOT required in the school and child care arena. In the case of influenza outbreak, arrangements are made to excuse those who cannot receive the vaccine from that setting; this bill does not include recommendations for how those health care workers who cannot receive the influenza vaccine are to be protected. As a matter of fact, the vaccine can pose a risk of bodily harm. The mildest adverse effects can include myalgias, arthralgias, fevers; moderate adverse effects can include neuritis syndromes and more seriously, may include auto-immune responses such as Guillane-Barre Syndrome. After all, the purpose of the vaccine is to prompt the body to produce a heightened immune response to the Influenza Virus. Unfortunately, at its best the Vaccine may only be 65% effective and its efficacy is based on best guess as to what strains of the virus will be out in any given Influenza season. In 2010, the efficacy was only around 50%; this year unfortunately it is even lower.

The risk to patients is greatest in the public setting. Health care workers maintain universal precautions to protect their patient from the spread of infection that is most effective. The general public, including those visiting patient in the health care setting may not maintain such standards and therefore pose the greater risk to patients, NOT the health care worker.

Additionally the vaccine is egg-based and therefore cannot be given to those who are allergic to eggs. There are other components that may prompt an allergic reaction (that may be as mild as hives relieved by antihistamines and steroids or more seriously allergic reactions that become life-threatening anaphylaxis); or may pose elemental cumulative ill effects (as those of accumulated mercury that is in the preservative thimersol routinely present in multi-dose vials of the vaccine). And some of the vaccine given is in 'high dose' form that is recommended for the 'over 65 years' population but has been administered to those younger; it is also considered an unknown risk to the pregnant worker.

These risks should be the elective decision of the health care worker potentially receiving the vaccination, NOT thrust upon them.

Therefore, I ask you to oppose Raised Bill 1128.

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